

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/509,334 Confirmation No.: 2008  
Applicant : Johann Beller  
Filed : Oct. 8, 2004  
Title : Device for detecting a defined filling level  
of a medium in a container  
Docket No. : BELL3002/FJD  
Customer No. : 23364

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Introductory Comments**

Please amend this application before examination on the merits in accordance with the following particulars.

Prior to calculation of the filing fee and examination of the application, please amend the claims as shown in the following LIST OF CURRENT CLAIMS, which indicates the status of all the claims in the application and all amendments to the claims. Any cancellation of claims is made without prejudice or disclaimer. Applicant reserves all rights to the original disclosed and claimed subject matter.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

**Amendments to the Abstract** begin on page 10 of this paper.

**Amendments to the Drawings** begin on page 12 of this paper.

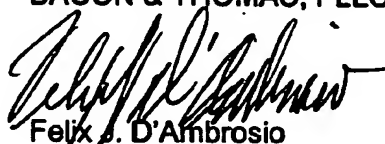
**REMARKS**

This amendment is made to better conform the specification and the claims to U.S. claim format. Applicant reserves all rights to the original claimed subject matter. None of the amendments are intended to narrow the scope of any of the original claims. Applicant reserves all rights to the original claimed subject matter.

Examination of the application as amended is respectfully requested.

Respectfully submitted,  
BACON & THOMAS, PLLC

Date: May 9, 2005



Felix J. D'Ambrosio  
Attorney for Applicant  
Registration Number 25,721

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Application Number (if Known) <b>10/509334</b>		International Application Number <b>PCT/3EP03/03683</b>		Attorney's Docket Number <b>BELL3002FJD</b>	
				Calculations	PTO USE ONLY
I. The following fees are submitted: Basic National Fee (37 CFR 1.492(a)(1)-(5)): <input type="checkbox"/> Neither International Preliminary Examination Fee (37 CFR 1.482) nor International Search Fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$1110.00 <input checked="" type="checkbox"/> Search report has been prepared by the EPO or JPO ..... \$950.00 <input type="checkbox"/> International Preliminary Examination Fee paid to USPTO (37 CFR 1.482) ..... \$750.00 <input type="checkbox"/> No International Preliminary Examination Fee paid to USPTO (37 CFR 1.482) but International Search Fee paid to USPTO (37 CFR 1.445(a)(2)) ..... \$790.00 <input type="checkbox"/> International Preliminary Examination Fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00					
ENTER APPROPRIATE BASIC FEE AMOUNT				\$ 950.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).					
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total Claims	15 -20 =		× \$18.00		
Independent Claims	1 -3 =		× \$88.00		
Multiple Dependent Claims (if applicable)			+ \$300.00		
TOTAL OF ABOVE CALCULATIONS				\$ 950.00	
Reduction by ½ for filing by small entity, if applicable. Small Entity Status is asserted pursuant to 37 CFR 1.27 for this application.					
SUBTOTAL				\$ 950.00	
Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).					
TOTAL NATIONAL FEE					
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property.					
TOTAL FEES ENCLOSED				\$ 950.00	
			Amount to be:	Refunded:	
				Charged:	

- a. ☒ A check in the amount of \$ 950.00 to cover the fees is enclosed.
- b. ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ \_\_\_\_\_ to cover the above fees. A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is enclosed.

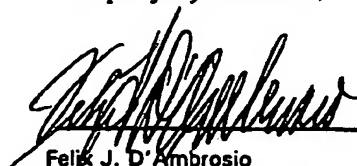
Note: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

**23364**

Customer Number  
Phone: (703) 683-0500

DATE: October 8, 2004

Respectfully submitted,



Felix J. D'Ambrosio  
Attorney for Applicant  
Registration Number: 25,721

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Dockets Number

**10/509334**

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

5-9-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	28	Minus 20	= 8
Independent	2	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	950
XS18=	
X86=	
+290=	
TOTAL	950

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	50
X86=	
+290=	
TOTAL ADDIT. FEE	400.

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

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